

ICER

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Center News

Hormone Replacement Therapy

Women veterans and their physicians make decisions at midlife regarding hormone replacement therapy (HRT) that may have considerable consequences for the capacity of healthy aging, says Lori Bastian, MD, MPH, former Medical Director of the Women Veterans' Comprehensive Health Center at the Durham VA Medical Center. Dr. Bastian has found through her own clinical experiences that communicating information to patients about HRT is complex. As a result, Dr. Bastian believes the topic of menopause and hormone replacement therapy best illustrates the gap between the needs and expectations of women for information and what is provided by their physicians.

Dr. Bastian recently received a Senior Career Development Award to study the HRT decision making process. There are four major goals for her research. The first is to become familiar with the decision analysis literature and decision-making theory. The second, to determine how best to elicit decision variables such as utility, whether through telephone interview or a mailed questionnaire. Third, to review the current models for HRT decision making and pick or synthesize a model from what's available. And last, to design a decision support intervention for women veterans that includes informed decision-making and decision models that encourage them to make optimal decisions about HRT. The implications of this research are to promote informed decision-making for the patient, which takes into account the patient's attitudes, utilities, and expectations, as well as to improve the physicians' ability to communicate information effectively and efficiently in order to encourage optimal decisions about HRT.

Dr. Bastian's central research focus is in women's health and in her former role with the Women Veterans' Comprehensive Health Center she worked closely with women veterans and their health care concerns. Over the

past three years she has focused her research interests to include the important area of hormone replacement therapy. She has written several manuscripts and reviews and has lectured on the subject. Since 1996, Dr. Bastian has been a co-investigator on a National Cancer Institute funded lead project to promote decision-making about HRT. She is also the lead author of the article, "Attitudes and Knowledge Associated With Being Undecided About Hormone Replacement Therapy: Results from a Community Sample".* The article received national news coverage and a write-up in *The Lancet* (Dec 18/25, 1999).

* Bastian, LA, McBride CM, Halabi S, Fish LJ, Skinner CS, Kaplan EB, Bosworth HB, Rimer BK, & Siegler IC. Attitudes and Knowledge Associated with being Undecided about Hormone Replacement Therapy: Results from a Community Sample. *Women's Health Issues* Nov/Dec 1999; 9(6):330-337.

Grant Proposals

Kathy Weatherspoon's work philosophy is simple: to make Durham's HSR&D researchers look good and make their life easier. To achieve this she strives to make the application process for grants as painless as possible. Researchers should not, she says, have to be bothered with the volume and complexity of paperwork that is required for submission of a grant. They should only be concerned with the planning and writing of their grant proposal. The Instructions for Preparing an Investigator-Initiated Research Proposal, which is required by HSR&D Service, were designed to help the investigator through the application process. Kathy has

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also developed guidelines (see Table 1) for researchers to use when submitting a grant to HSR&D Service.

Kathy takes responsibility for completing the forms and letters that are required for each grant application. These include VA Forms 10-1313-1,3,4,5,6,7 & 8, as shown in Table 2. She advises the researcher on what can and cannot be included in their budgets and calculates the figures for them. She also prepares letters for signature, the Privacy of Information Statement and

the Table of Contents. Once all the necessary forms, letters, and grant narrative are completed, the grant is assembled and checked for adherence to guidelines, numbered, copied, and prepared for mailing.

All this is done for one purpose – to allow our researchers to devote as much time as possible to the writing of their grant without the hassle of having to take the time to complete all the supporting documents that are required.

Table 1

General Information	Instructions	Deadline	Responsible Party
	<ul style="list-style-type: none"> Maximum request \$1,000,000 No more than 4 years 	<ul style="list-style-type: none"> Due May 1 & November 1 	
Letter of Intent (LOI)	<ul style="list-style-type: none"> Must have approved LOI before grant can be submitted Only one LOI at a time will be reviewed Reviewed monthly 	<ul style="list-style-type: none"> Once LOI approved, full proposal must be submitted within three proposal deadlines Can be submitted at anytime 	<ul style="list-style-type: none"> Principal Investigator Principal Investigator
Grant Proposal	<ul style="list-style-type: none"> Must be approved by R&D Committee Must be approved by Human Subjects Committee Internal Review (if requested) Proposal 	<ul style="list-style-type: none"> Two weeks prior to R&D Committee meeting Two weeks prior to R&D Committee meeting Two weeks prior to submission to R&D Meet two months prior to submission date Proposal due two weeks prior to submission 	<ul style="list-style-type: none"> Principal Investigator Principal Investigator Kathy Weatherspoon will arrange Kathy Weatherspoon will assist with budget and planning of submission Kathy Weatherspoon will complete necessary forms, letters, etc., review, compile, number, copy and mail to Headquarters.

Table 2

VA Form Number	Form Name	Function
10-1313-1	Merit Review Application	Identifying information for grant
10-1313-3	Current Funds and First Year Request	Detailed budget for first year of proposal
10-1313-4	Estimated Expenses	An estimate of expenses per year for entire period
10-1313-5	Biographic Sketch	Biographical information
10-1313-6	Bibliography	Chronological list of publications, 2 page maximum
10-1313-7	Investigator's Total VA and Non-VA Research support	All current and pending research support
10-1313-8	Research Support	Brief description of each funded and pending research support

Biostatistics News

Maren K. Olsen, New Ph.D. Statistician

Maren K. Olsen, Ph.D. recently joined the Durham Health Services Research and Development Unit as our newest biostatistician. She is a talented and welcome addition for the institute. Dr. Olsen received her B.S. in Mathematical Sciences from Johns Hopkins University in 1994, where she was the recipient of the 1994 Mathematical Sciences Achievement Award. She received her M.A. in Statistics in 1996 as well as her Ph.D. in Statistics in 1999 from Pennsylvania State University. During her Ph.D. program, Dr. Olsen was a member of the Curriculum Committee and the Student Advisory Committee for the statistics department. The title for her dissertation is *A Two-Part Random-Effects Model for Semicontinuous Longitudinal Data*.



Maren K. Olsen, Ph.D.

While working on her master's degree, Dr. Olsen worked as a statistics department teaching assistant and as an intern in the Biostatistics Department of Rhone-Poulenc Rorer in Collegeville, Pennsylvania. She also completed an internship as a research assistant in the Statistics and Psychometrics Division of the Educational Testing Service in Princeton, New Jersey. Beginning in 1996, Dr. Olsen worked as a research assistant with Dr. Joseph L. Schafer at Penn State's Center for the Study of Prevention through Innovative Methodology. Dr. Olsen's areas of research are: models for semicontinuous data; analysis of incomplete data; analysis of longitudinal data; and methodology for prevention and social sciences. Dr. Olsen is the co-author of a journal article and two technical reports as well as the co-developer of two statistical software packages. She is a member of the American Statistical Association.

HSR&D News

Telemedicine in Dermatology

Telemedicine increasingly plays a vital role in today's health care delivery systems. The perceived benefits of telemedicine can only be assessed by a systematic evaluation of its impact on health care delivery. John D. Whited, MD, MHS and Eugene Z. Odonne, MD, MHS investigate in their study, Health Services Implications of a Teledermatology Consult System, the

utility of a telemedicine system used for dermatologic health care, known as teledermatology.

This investigation is the second portion of a three-part study. The first phase was completed in May 1999. Its focus was to assess the accuracy and reliability of diagnosing skin diseases and conditions with telemedicine. It also compared the accuracy and reliability of telemedical diagnosis with clinic-based diagnostic accuracy and reliability.

For the second phase, Drs. Whited and Odonne are examining five areas of utility. The first is to determine how teledermatology affects the time required for patients to receive a diagnosis and treatment plan. The second is the dermatologists' efficiency with each consultation's mode of procedure. The third is the efficiency of fixed dermatologist resources, using time required for clinic consultation, influenced by teledermatology. The fourth is the rate and range of patient and clinician's satisfaction and acceptance of teledermatology. And finally, how all of these issues impact the costs and cost-effectiveness of teledermatology.

By addressing these issues, Drs. Whited and Odonne hope to show that teledermatology has the potential to provide quick, excellent service and as a result, financial benefits. Many veterans travel great distances to a central health care center in order to receive specialty treatment. By providing care through telemedicine, geographic barriers will be removed, saving time and travel costs to veterans, thus decreasing the time in diagnosis and treatment at less personal expense. Medical care will become available to patients and clinicians not residing at or near a central VA Medical Center or those not having access to specialty care when visiting satellite clinics. This entire process promises to be more cost effective for both patients and physicians.

Teledermatology should reduce the amount of time for diagnosis and treatment by decreasing the number of referred patients that require a clinic visit, thus freeing up more of the clinician's time. Time-savings should also be realized by dermatologists in evaluating referrals through a more efficient management of consultation volume. Other expected benefits are a decrease in cost per consultation and cost per time for patient diagnosis and treatment. Satisfaction among patients, dermatologists and other medical care-givers should increase as well.

Patricia Hill, RHIA, New Research Assistant

We welcome Patricia Hill as a new research assistant working with John Whited, M.D. on the telemedicine project. Ms. Hill graduated from East Carolina University with a B.S. in Health Information Management in 1993. She is certified as a Registered Health Information Administrator (RHIA) through the American Health Information Management

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Association. She is currently enrolled at North Carolina Central University, seeking a Master's in Public Administration with a concentration in Health Information Management.

Ms. Hill worked as a health information manager for the Mary Frances Center, a substance abuse center in Tarboro, North Carolina, from 1993 through 1994. From 1995 through 1998 she was a document analyst in the Department of Psychiatric Medicine, Pitt Memorial Hospital in Greenville, North Carolina. In 1998 she was the medical records manager for the Randolph County Mental Health Department.

Ms. Hill is a member of the American Health Information Management Association, the North Carolina Health Information Management Association, and the Pi



Patricia Hill

Alpha Alpha Honor Society for Public Administrators, and the Alpha Kappa Alpha Sorority, Inc.

Recent Articles by Our Researchers

BOSWORTH HB, Siegler IC, Brummett BH, Barefoot JC, Williams RB, Vitaliano PP, Clapp-Channing, Lytle BL, and Mark DB. The Relationship Between Self-Rated Health and Health Status Among Coronary Artery Patients. *Journal of Aging & Health* 1999 Nov; 11(4):565-584.

WHITED JD, Hall RP, SIMEL DL, FOY ME, STECHUCHAK KM, Drugge RJ, Grichnik JM, Myers SA, and HORNER RD. Reliability and Accuracy of Dermatologists' Clinic-Based and Digital Image Consultations. *Journal of the American Academy of Dermatology* 1999 Nov; 41(5, Part 1):693-702.

BOSWORTH HB, Schaie KW, Willis SL, and Siegler IC. Age and Distance to Death in the Seattle Longitudinal Study. *Research on Aging* 1999 Nov; 21(6):723-738.

BASTIAN, LA, McBride CM, Halabi S, Fish LJ, Skinner CS, Kaplan EB, BOSWORTH HB, Rimer BK, and Siegler IC. Attitudes and Knowledge Associated with being Undecided about Hormone Replacement Therapy: Results from a Community Sample. *Women's Health Issues* Nov/Dec 1999; 9(6):330-337.

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The Institute's mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans' health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.